DOCUMENT RESUME

ED 098 039 SE 017 071

TITLE Situation Report--Dahomey, Ethiopia, Mali, and Mauritius.
INSTITUTION International Planned Parenthood Federation, London (England).
PUB DATE 73
NOTE 25p.

EDRS PRICE MF-$0.75 HC-$1.85 PLUS POSTAGE
DESCRIPTORS Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to population and family planning in four foreign countries are presented in these situation reports. Countries included are Dahomey, Ethiopia, Mali, and Mauritius. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth, and death rates. Family planning situation considers family planning associations and personnel; government attitudes; legislation; family planning services; education/information; training opportunities for individuals, families, and medical personnel; research and evaluation; program plans; government programs; and related supporting organizations. Bibliographic sources are given. (DT)

Situation Report

Distribution *

Country DAHOMEY

Date NOVEMBER 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London SW 1 01 839 2911

STATISTICS	1960	LATEST AVAILABLE FIGURES
		115,762 sq.kms.
Total Population	2,160,000	2,760,000 (1971)[1]
Population Growth Rate		2.5% (1963-71)[1]
Birth Rate		50.9 per 1,000 (1965-70)[1]
Death Rate		25.5 per 1,000 (1965-70)[1]
Infant Mortality Rate		109.6 per 1,000 (1965-70)[1]
Women in Fertile Age Group (15-44 yrs)		436,008 (1961)[2]
Population Under 15 yrs		46.2% (1961)
Urban Population		9.3% (1965-70)[2]
GNP Per Capita		US$90 (1972)[3]
GNP Per Capita Growth Rate		0.1% (1960-70)[3]
Population Per Doctor		31,300 (1966)[4]
Population Per Hospital Bed		770 (1965)[4]

1. UN Demographic Yearbook 1971.
2. UN Demographic Yearbook 1970.
3. World Bank Atlas.
4. UN Statistical Yearbook 1970.

GENERAL BACKGROUND

Dahomey is a narrow stretch of territory in West Africa, flanked by Nigeria and Togo. Formerly one of the provinces of French West Africa, Dahomey became self-governing republic within the French Community in December 1958 and an independent state in August 1960. Early in 1973 a military coup occurred and the political policy of Dahomey is still undefined.

Overall population density is 23 per square kilometre (1969). The largest city is Cotonou with a population of 111,100 (1965), followed by Porto Novo, the capital, with a population of 74,500 (1965). A national demographic survey was conducted in 1961, but no complete census has ever been held although now plans for one have been made and UNFPA has earmarked US$640,000 for this exercise.

Citizens of both sexes are liable for military service between the ages of 18 and 51 years.

Ethnic Groups

The most numerous groups are Fons, Adjas, Bariba and Yoruba.

Language

French is the official language but each tribe has its own tongue.

Religion

The majority of people follow traditional beliefs and customs, Christians, mainly Roman Catholics, make up 15% of the population and Moslems 13%.

Economy

Agriculture is of prime importance to the economy of Dahomey: it accounts for almost half of the Gross Domestic Product and employs about 80% of the population. Hopes of increasing the national income and improving external trade depend on the expansion of agricultural production for export in both primary and processed forms. Palm oil is the main source of agricultural cash income: it contributes almost 2/3 of the export earnings. Local consumption of palm oil is increasing with the population growth and domestic requirements are expected to double by 1975. If production is not increased Dahomey faces the prospect of having to import palm oil within the next decade. Plans to diversify agricultural production are underway in southern Dahomey; many thousands of acres are to be made available for the production of annual crops such as maize and groundnuts. This project is organised by the Societé Nationale Pour le Developpement Rural du Dahomey.

Training in modern agricultural methods is being offered to the young population of Dahomey in an effort to stop the flow of these people to the towns and to give them the opportunity ro raise the productivity of the land and make farming a more economic proposition. A 'Back to the Land' campaign was launched by the Government in 1967.

Communications/Education

A government radio station broadcasts in French, Fon, Yoruba, Bariba, Mina, Beuhl and Dendi.

Radio sets/1000 people:	23 (1969)
Newspaper copies/1000 people:	0.4 (1968)
Cinema seats/1000 people:	1.7 (1964)

Education is provided by both Government and the Christian Missions, but many more schools are needed. There is no higher education: students go either

The road system is well developed: there is a total of 6,000 km. of classified roads and a further 1,200 km. of tracks suitable for motor traffic in the dry season. However, transport services are few: three short sections of railway run inland from Cotonou and the coast road links Togo in the West and Nigeria in the east. The port at Cotonou was officially inaugurated in August 1965.

Medical/Social Welfare

Life expectancy is 38.5 years for both sexes.

It is thought that many married women frequently take abortive measures when they do not want to have more children. Doctors see this as becoming more of a problem.

There are a number of Maternal and Child Health Centres, one, run by the Government, is in Cotonou and another is in Porto Novo. In the rest of the country the rural maternal health centres' work is limited to antenatal and postnatal clinics. Most deliveries in rural areas are done by untrained matrons. There is a training centre for nurses in Cotonou.

High infant mortality is caused mainly by malaria, gastroenteritis and protein calorie malnutrition. There is a high morbidity in the population related to tuberculosis and bilharzia.

FAMILY PLANNING SITUATION

The Family Planning Association, Comité National Dahomeen pour le Planning Familial (C.N.D.P.F.) was formed in 1972. Mali and Malagasy Republic are the only other Francophone African countries with FPAs.

Attitudes

Since the military coup in 1973, the Association has felt unable to take much positive action until the attitude of the new Government is made clear.

The Roman Catholic Church in Dahomey is powerful; the local Archbishop recently called attention to what he termed the problems connected with family planning and the growth of immorality arising from certain types of sex education.

Legislation

Abortion is illegal under any circumstances in Dahomey.

FAMILY PLANNING ASSOCIATION

History

The C.N.D.P.E. was formed and registered in 1972. Initially it received some assistance from Pathfinder Fund, the Population Council and the Quaker Service.

Address

Comité National Dahomeen pour le Planning Familia,
47 rue de la Princesse Anlouikponouwa,
Cotonou,
DAHOMEY.

Personnel

President:	Pasteur Henri Harry (President of the Methodist Church in Dahomey and Togo)
Vice-President:	Dr. Eusebe Alihonou (Second Physician at the Cotonou Maternite, Technical Adviser to the Minister of Health)
Secretary-General:	M Gaspard Anato
Treasurer:	Mme Bernadette Dehoue

Services

Three small meetings are held weekly - on Tuesday, Thursday and Friday evenings - when counselling is given to potential accentors. However, for clinical services, prospective clients are referred to the maternal and child health division of the main hospital at Cotonou.

Information/Education

The Association is able to transmit a radio programme once weekly - on Thursdays.

Plans include the production of motivational literature. Open meetings are held with the intention of creating a greater awareness of the aims of the C.N.D.P.F. Sex education often comes under discussion: many people are concerned about the substantial numbers of school girls who have to leave school because of pregnancy.

Plans

Provision has been made for the purchase of equipment and it is hoped to start a once-weekly clinic session in 1974. Family planning services in Dahomey have always been dispersed among various groups and it has been recommended that the Association join together with the private practitioners and provide a unified service.

OTHER ORGANISATIONS

Pathfinder Fund supplies some assistance to the maternal and child health division of the main hospital in Cotonou and to the Methodist Church.

Dr. George Walter of the University of California at Santa Cruz is in charge of the AID project which aims to improve MCH services and service delivery and to introduce family planning. The project staff must not increase costs of the local government must work within the integrated government MCH network and must not provide services themselves. A 40-hour health education training programme for people already within the MCH system has been designed and so far 75 trainees have taken the course. Many of them are now initiating training courses within their rural dispensaries.

A set of visual aids, covering 50 different health topics, has now been compiled and is available to each trainee after the 40-hour course.

There are 4 health talks per week at the PMI in Cotonou; these include a Saturday morning talk on family planning which has been attended by 7,000 women since January.

The American Friends Service Committee sponsored a family planning seminar held in Cotonou in December 1972.

In March, 1973 another seminar, sponsored by WHO and UNFPA, on health statistics for the evaluation of family planning programmes was held at Cotonou for representatives of French-speaking countries.

Situation Report

Distribution *

Country: **ETHIOPIA** Date: **OCTOBER 1973**

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,221,900 sq.kms.
Total Population		20,700,000	25,248,000 (1971)[1].
Population Growth Rate			1.8% (1963-71)[1].
Birth Rate			45.6 per 1,000 (1965-70)[1].
Death Rate			25 per 1,000 (1965-70)[1].
Infant Mortality Rate			84.2 per 1,000 (1965-70)[1].
Women in Fertile Age (15-44)			5,380,800 (1967)[1].
Population Under 15			45.3% (1970)[1].
Urban Population			10.1% (1971)[1].
GNP Per Capita			US$80 (1970)[2].
GNP Per Capita Growth Rate			2.8% (1960-70)[2].
Population Per Doctor			71,790 (1969)[3].
Population Per Hospital Bed			2,576 (1969)[3].

1. UN Demographic Yearbook 1971.
2. World Bank Atlas 1972.
3. UN Statistical Yearbook 1971.

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Situated between the lands of the Nile in the West, the Red Sea to the east and East Africa to the south, Ethiopia is bounded by 870 kilometres of coastline and 4,630 kilometres of land frontiers. With an area of 1,221,900 square kilometres it is the tenth largest country in Africa.

Ethiopia's history is unusual insofar as it is one of the few African countries without a significant colonial history. The country has been a constitutional monarchy since 1931. Haile Selassie I, who has been Emperor since 1930, shares political power with a bicameral parliament. There are no political parties.

The administrative unit of Ethiopia is the province, of which there are 14, the largest being Hararge in the South-east, bordering on Somalia.

Addis Ababa, the capital of Ethiopia, is the headquarters of the United Nations Economic Commission for Africa and the Organisation for African Unity.

Although limited population surveys have been conducted almost continuously since the '60s - mainly by the Central Statistics Office - the first national population sample survey was carried out in 1970. It recorded 179 towns of over 2,000 inhabitants, 795,900 people in the capital, Addis Ababa, and an overall density of 20 people per square mile.[1] The limitations of all these surveys have been indicated by Lars Bondestam[1]. There are two main problems: first the poor roads - many villages are accessible only by mule-ride or by foot - and second the difficulty of locating the nomads, but not counting them twice, and ascertaining their nationality since many cross and re-cross the national boundaries.

Ethnic Groups

The Amhara and Tigreans are the dominant racial groups. About 40% of the population are Gallas, a pastoral and agricultural people. The Ogaden, Issa and other Somalis predominate in the south-east. In the south-west there are several Nilotic groups, and in the south some Bantu peoples.

Languages

The official language is Amharic but English is widely spoken and many people can speak Italian or French as well. The other Ethiopian languages most widely used are Gallynia and Tigrynia.

Religion

The population is thought to be roughly equally divided into Christians and Muslims.

---

1 Population Surveys in Ethiopia, by Lars Bondestam, 1970.

Economy

Ethiopia is still one of the least developed developing countries. The mountainous topography has been a formidable barrier to the development of communications and trade and continues to contribute to the insulation and isolation of the inhabitants. Within Ethiopia itself penetration roads are still all too few, so many, many people are still excluded from the monetary economy and therefore contribute very little to the GNP.

The economy is primarily agricultural and over 90% of the population is engaged in agriculture. In the south there are extensive rangelands with a large cattle population. In the northern-most highlands the communal system of land holdings has contributed to the depletion and erosion of once fertile soil. Most people live in this area and real population pressure is being felt here. Industrial development is very much in the initial stage, although rapid growth rates have recently been achieved. Most manufacturing is confined to the consumption industires, such as food processing, beverages and clothing. The economy is largely dependent on the export of primary products, esnecially coffee; consequently fluctuations in coffee prices have been a major cause in the changes in the nation's fortunes.

There are some small reserves of gold, but these have only recently begun to be exploited, and a very little potash. Two major problems for Ethiopia are the serious overloading of social services and the high proportion of unschooled people who become eligible for work and yet can find none.

The Third Five Year Plan, currently in practice, aims at a 6% economic growth rate by the end of this year.

Communication/Education

Newspapers:	1.07 copies per 1,000 people (1970)
Radio:	19.8 sets per 1,000 people (1970)
Television:	0.2 sets per 1,000 people (1970)
Cinema:	0.86 seats per 1,000 people (1970)

There are 8 daily newspapers and an estimated 28 public libraries, 13 university libraries and 1 national library.

At certain times of the year it is impossible to reach nearly 90% of the population. The road system is not extensive, and the main need is for feeder and access roads to the main highways. There are 6 civil airports. For several provincial towns airlines offer the only reasonable access. There are three ports on the Red Sea Coast.

School Enrolment

About 16% of primary and 3% of secondary school-age children go to school. Education is free except at University level when students are expected to contribute towards their fees.

1969 Primary: 590,445 (31% Female) Secondary: 114,443 (27% Female)
University and other higher: 4,635 (7% Female)

The literacy rate is low, particularly in rural areas yet educational resources are often wasted because of the high drop-out rate caused by overcrowding, poverty and malnutrition at home.

Medical/Social Welfare

Outside the 2 largest towns, Addis Ababa and Asmara, medical and health facilities are few and far between. Most of Ethiopia's inhabitants live on the highland plateau which is relatively free from debilitating diseases, but malaria and other endemic diseases occur in the fertile, high-rainfall areas of the west and the south-west. Venereal disease is widespread in Addis Ababa.

The structure of the health service is designed to reach as many people as possible, but the reality indicates its limitations:

Hospitals of Addis and Asmara:

These are large hospitals with many facilities.

Provincial hospitals:

One in each province.

Health centres:

Staffed by health officers and community nurses, who are supposed to visit the health stations assigned to them, but poor roads and heavy workloads make the visits infrequent.

Health stations:

Staffed by dressers who are often poorly educated and inadequately trained.

Half the country's doctor's and nurses are situated in Addis; a mere 20% of Ethiopia's total population has access to health facilities - this, of course, includes those people who have access to the facilities but do not use them - and only 2% of all pregnant women have access to either medical care or the attention of anyone in any way medically trained at any time during and after their pregnancy.

Life expectancy in Ethiopia is 38.5 years for both sexes. It is thought that almost 60% of infant mortality (84.2 per 1,000) occurs during the first two months after birth.

FAMILY PLANNING SITUATION

The Family Guidance Association (FGA) provides family planning advice at 55 locations, including 16 clinics in Addis Ababa and nine in Asmara. Six other clinics or hospitals in Addis and 72 clinics and hospitals in the provinces are supplied with contraceptives by the FGA. The FGA has contact with some other hospitals and clinics as well as private doctors. In those centres not run by the FGA there is always the possibility that family planning services and or advice may be discontinued if the doctor or health officer is replaced by one who is opposed to the practice of family planning.

Attitudes

The Government attitude to family planning is reserved, but it does not object to family planning as part of MCH. It is illegal to advertise contraceptives but there is no legal restriction on their sale and they are freely available in the pharmacies. Anyone who wishes may purchase contraceptives from these pharmacies; this could cause problems, especially in Addis Ababa, where it is said, the pharmacists will always sell the customer something even if they do

Apart from the FGA and the pharmacies, small boys do quite a trade in condoms, selling them on the streets.

Family planning publicity is still prohibited; however the restriction appears to apply only to large-scale publicity aimed at an unselected audience. It is not prohibited to distribute the family planning calendars and greetings cards to potential users within the clinics - this also applies to duplicated, or mimeographed bulletins or information sheets.

The provisions governing therapeutic abortion as laid down in the Penal Code of 1957 have been modelled on the corresponding provisions of the Swiss Penal Code. Abortion is permitted where life or health are endangered.

The Church is opposed to family planning.

FAMILY PLANNING ASSOCIATION

History

The Family Gidance Association, founded in 1966, is part of the Haile Selassie I Foundation. Clinic services were started in that year at St. Paul's Hospital in Addis Ababa. In January 1969, Dr. Mario Felszer was seconded as IPPF representative to the Foundation in order to extend and coordinate the FGA's programme. A considerable expansion took place in the following two years. Dr. Felszer, the Medical Director, left at the end of 1970, and was not replaced until 1972 when Dr. Morag Ross took up the appointment.

The FGA became a member of IPPF in 1971.

Address

Family Guidance Association,
Haile Selassie I Foundation,
P.O. Box 704,
Addis Ababa,
ETHIOPIA.

Tel: 47025-27

Personnel

Chairman:	His Excellency Ato Shimelis Adugna (also Vice Minister, Ministry of Interior)
Vice-Chairman:	Dr. Hidad Kidane Marien (Ministry of Public Health)
Medical Director:	Dr. Morag Ross
Information & Education Officer:	Ato Erku Yimmer
Organising Secretary:	Sister Ijigayehu Nega

Services

In 1972, 17 clinics (five of them opened in 1972) made returns to the FGA recording a total of 2,150 new and 11,744 continuing acceptors. Methods chosen were as follows:

ACCEPTORS

	New	Continuing
Orals	1,545	11,311
IUD	526	410
Condom	25	5
Diaphragm	-	2
Spermicide	1	4
Rhythm	1	2
Injection	52	10
Other	-	-

Prospective IUD clients are examined for venereal disease before insertion.

The FGA did not perform any sterilisations, but did refer 2 men and 28 women elsewhere for the operation.

No abortions were performed, neither was anyone referred elsewhere on this count.

Follow-up in Addis is hampered by the lack of street names and numbers.

Clinics are held in rent-free premises provided by the municipality or the municipality and Swedish International Development Agency (SIDA) combined, with one in a community centre.

The FGA runs a mobile team in Addis which visits premises available for clinic sessions - in other words it is the team rather than the clinic which is mobile. Plans for 1974 include provision for one other such team in Addis and one in a rural areas which is to consist of:

2 community nurses
1 social worker
1 village level worker

There are no set family planning clinic hours, but the FGA hopes to provide services at times which will be convenient for working women. One evening a week and one Saturday afternoon are seen as the most suitable times.

Other proposals include home-visiting programmes, especially in the vicinity of MCH centres. These would provide health education and include information on family planning.

It is hoped that a sub-fertility clinic will be established and run in co-operation with the Department of Gynaecology at Haile Selassie I University.

The number of clients anticipated next year is small for the rural areas. Some of the reasons lie in the problems experienced by the staff of the health stations. Daily they are faced with more out-patients than they have time to cope with them. Virtually none come specifically for family planning advice and the staff of the station have more than enough to do treating and advising on other problems, so the chances that they will proffer family planning information unasked are very small.

Information/Education

Educational work is considerably hampered by the restriction on publicity, but the FGA is hopeful that film shows of a motivational nature will be allowed in the near future. IPPF leaflets on contraceptive methods and maternal and child health have been translated into Amharic and are distributed in clinics. The Association also circulates a newsletter.

Other printed matter includes a calendar displaying a family planning message and information on the existence and whereabouts of the FGA. Greetings cards congratulating new mothers and delivery centres. They contain details of the nearest MCH clinic providing family guidance services.

The Association is in the process of producing a Child Care Manual. Since the FGA is not yet a registered organisation, the manual is subject to the scrutiny of the censor and is at present under consideration for publication by the appropriate authorities.

During 1972 a total of 25 meetings were held with a wide variety of audiences - from medical staff to trade union leaders.

Early last year the FGA was approached by a department of one of the Teacher Training Institutes in Addis with the request for a series of sex education lectures. The Department had been prompted towards this course of action by its growing concern for the number of girls who were becoming pregnant and were therefore automatically dismissed from the TTI. The FGA accepted and the course was a great success. Questions from it were included in the final exams and the TTI intends to introduce a course of sex education into next year's curriculum.

After a couple of lectures, the FGA decided that it would be useful to conduct a survey of how much the students actually knew themselves. The results of the survey are to be published shortly.

Since the FGA is not permitted to use the mass media, information on family planning is passed by word of mouth more than anything. So the Association were most gratified to receive a request for a similar sex education course from another TTI over 100 kms. away.

Problems in education and information encountered the FGA include the fact that many medical personnel are unaware of the relaxation of the Government's policy - so that family planning is acceptable in the context of a MCH programme.

Other factors affecting the success of motivational work include the superstitions and fears of women from rural areas of the hazardous effects of using contraceptives. It appears that most women appear interested in family planning, but that their fear overrides their interest.

Fieldwork

There is no field work programme as such at the moment - the nearest approximation to a field worker is the dresser at the health station whose difficulties have already been described. There are plans to organise one team in Addis and one

Training

No formal training courses are conducted by FGA, but student nurses have received training at some clinics on methods of contraception, interviewing techniques and child spacing.

There are plans to train para-medicals to provide services, especially in the provinces, and to encourage medical officers, health officers, and community nurses from all provinces to come to Addis for training with the Association.

Plans

In 1974, the FGA hopes to become a Registered organisation. This would allow them to separate from the Haile Selassie I Foundation, to have their own premises and free them from the constraints of censorship.

In the event of registration, it is intended to expand, as far as possible, all existing programmes: clinical, I&E, training and so on.

Apart from this the FGA plans to make itself more widely known especially among people who are, or potentially are, leaders in their communities. Various meetings and seminars with this as their objective are being organised for next year.

Research

The Population Council is currently financing a KAP study being carried out by three departments of the Haile Selassie I University. Dr. Felszer helped prepare the proposals for this study, which commenced at the end of 1969.

Dr. Lundin, of the Population Council, is conducting clinical trials on copper Ts (new form of IUD) in Arussi Province. The FGA has sent a health officer and a community nurse to work with him.

John Hopkins University is conducting studies in population in Wollega Province.

OTHER ORGANISATIONS

IPPF gives an annual grant to the FGA.

SIDA has a considerable aid programme in Ethiopia which includes family planning. Two clinics in Addis Ababa are supported by SIDA.

USAID support the FGA's programme

Population Council is supporting a KAP study being carried out by the Haile Selassie I University.

Pathfinder Fund has contributed funds and contraceptives.

Church World Service has given assistance under its Planned Parenthood Programme.

Bibliography

Family Guidance Association of Ethiopia Annual Report 1972.

Family Guidance Association of Ethiopia Budget Proposal for 1974.

UN Statistical Yearbook 1971.

UN Demographic Yearbook 1971.

ILO Statistical Yearbook 1971.

UNESCO Statistical Yearbook 1971.

Macro-case Study: Ethiopia 1971 by Maaza Bekele and Lars Bondestam.

1970 Report by Dr. Mario Felszer.

Population Surveys in Ethiopia by Lars Bondestam.

Situation Report

Country: MALI

Date: NOVEMBER 1973

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		1,240,021 sq.kms.[1]
Total Population		5,142,000 (1971 estimate)[2]
Population Growth Rate		2.1% (1963-70)[3]
Birth Rate		49.8 per 1,000 (1965-70)[3]
Death Rate		26.6 per 1,000 (1965-70)[3]
Infant Mortality Rate		120 per 1,000 (1965-70)[3]
Women in Fertile Age Group (15-44 yrs)		1 million[4]
Population Under 15 yrs		49%[5]
Urban Population		12% (1970)[4]
GNP Per Capita		US$70 (1970)[5]
GNP Per Capita Growth Rate		4.4% (1960-70)[6]
Population Per Doctor		61,000 (1968)[3]
Population Per Hospital Bed		1,572 (1969)[3]

1. Europa Yearbook, 1971.
2. La Population du Mali, Paper presented to African Population Conference, Ghana, December 1971.
3. UN Statistical Yearbook, 1971.
4. UN Monthly Bulletin of Statistics, November, 1971.
5. 1972 World Population Data Sheet, Population Reference Bureau, Inc.
6. World Bank Atlas 1972.

* This report is not an official publication but has been prepared for

GENERAL BACKGROUND

Formerly a French colony, Mali became a self-governing republic within the French Community in 1958 taking the name Republic of Soudan. In 1959, Mali joined with Senegal to form the Federation of Mali (which also became an independent State in June 1960). In August 1960, the Federation was dissolved and the Soudan was proclaimed the Republic of Mali.

A large part of the country lies in the Sahara Desert and only about 20 per cent of the land is suitable for cultivation. The overall population density is 4 per square kilometre.

The capital of Mali is Bamako with a population of 175,000.

Ethnic Groups

In 1963, it was estimated that there were about one million Bambaras, 450,000 Peulhs, 375,000 Senougos, 280,000 Markas. The Touaregs (240,000), Songhais (230,000), and the Malinkes and Dogons (330,000) live in the rural areas.

Language

French is the official language, but a number of other languages including Bambara and Sonrai are widely spoken.

Religion

About 65% of the population are Muslims, more than 30% Animists and 5% Christians. Almost 1% of the total population are Catholics.

Economy

Two million people are suffering the effects of drought - the River Niger is at its lowest level in living memory. Forty per cent of the crops have failed and 40% of the cattle have been lost - the remainder are stricken with disease. The situation has been aggravated by the influx of nomads from Mauritania.

Mali's main exports are live animals, fish, groundnuts, raw cotton and sugar cane. The Government's attempts at industrialisation have raised many problems. Duplication of industries in neighbouring African states, huge trade deficit and unorganized economy are the three main factors impending economic development in Mali. The free convertibility between the French and Malian franc has not offered the expected benefit.

Communications/Education

In 1968 there were 3 daily newspapers with a total circulation of 3,000 i.e. 0.6 copies per 1,000 inhabitants.

Radio sets/1,000 people:	9.8 (1970)
In 1968 there were about 50,000 sets.	
Cinema seats/1,000 people:	2.3 (1969)

There is no television in Mali.

Railways link Dakar (Senegal) with Mali's capital (Bamako) and Kouikoro. There are passenger services between Bamako and Dakar and petrol train freight services. Usually the River Niger is navigable throughout its course through Mali from July to March. Principal airport is at Bamako and a new one is being built at Senou with assistance from the French Government.

State education is free but school enrolment rate is only 30%. A national adult

Medical

The Government maintains anti-smallpox and yellow fever services in Mali and there are two state hospitals and a number of health centres and dispensaries.

FAMILY PLANNING SITUATION

Government is not opposed to family planning as part of maternal and child health services, and a family planning committee was formed in 1971. Contraceptives have in the past been provided by the Pathfinder Fund and through the US Embassy.

A pilot family planning project has been initiated by the International Development Research Centre of Canada with a grant of $252,290 to the Ministry of Social Affairs for the formation of a Family Planning Association. M. André Laplante has been appointed by IDRC as an adviser to the project.

The programme will involve the setting up of one central and four satellite family planning clinics, including provision of clinic equipment and training of personnel - one pilot family planning centre has so far been set up in Bamako at the 'Cabinet Medical'. It is hoped that a research unit will provide continuous evaluation initiate operational research projects, and co-operate with the government statistics service in undertaking a national survey on family planning.

The Government of Mali, through the Secretariat of State for Social Affairs and the Statistical Services, will contribute staff, facilities and survey costs of the programme.

Training

Training in family planning has so far been limited to four paramedical personnel who received training abroad.

Legislation

Mali is the first francophone country in Africa to repeal the 1920 anti-contraceptive French law which was in force until mid-1972. However in France the 'decree d'actualité' takes five years to put into operation, so that while family planning is no longer illegal in Mali it will be a long time before the detailed regulations have been formulated and come into effect.

FAMILY PLANNING ASSOCIATION

The first clinic was opened in April 1972.

Address

Association pour la Protection et la Promotion de la Famille,
B.P. 105,
Bamako,
MALI.

Officials

Dr. Faran Samake, Chairman
Medecin Chef,
Hôpital Point G,
B.P. 1516,
Bamako,
MALI.

Services

There is one main clinic as well as 5 small part-time clinics. Eight doctors and ten midwives give part-time service and already there have been more than 1,000 new acceptors - 80% of them prefer the IUD.

In Mali the condom is not, as in most anglophone countries, associated with prostitution and this is because, in the French days, there were no contraceptives in the pharmacies. Indeed condoms, particularly coloured ones, have proved to be very acceptable.

Research

A 2-year research and demonstration programme is to be undertaken in Bamako by the Malian Association for the Protection and Promotion of the Family (APPF).

Considerable anthropological research into the use of 7 traditional methods of contraception, 5 concoctions used against sterility and another 5 kinds of aphrodisiacs is underway. Two of the contraceptives are being tested in laboratories to try and determine their properties. Sixty per cent of the acceptors are under 30 years of age and 22% are between 30 and 34.

OTHER ORGANISATIONS

The American Friends Service Committee held seminar on sex education at Bamako in April of this year. A second national seminar on family planning and the Malian Trade Unions was held in May.

Situation Report

Distribution

BEST COPY AVAILABLE

MAURITIUS

AUGUST 1973

[illegible] 01 839 2911 6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			446,550 sq.kms.
Total Population	465,000	645,000	820,000 (1971)[1]
Population Growth Rate	3.1%	3.5%	1.9% (1969)**
Birth Rate	49.7	39.6	25.3 per 1,000 (1971)[1]
Death Rate	13.9	11.3	7.5 per 1,000 (1971)[1]
Infant Mortality Rate	76.3	69.5	51.7 per 1,000 (1971)[1]
Women in Fertile Age Group (15-44yrs)			123,340 (1971)[1]
Fertility Rate			113.9 (births per 1,000 women - 1970)**
Population Under 15 yrs			306,676 (1971)[1]
Urban Population			43.9 (1971)[1]
GNP Per Capita			US$240 (1970)[2]
GNP Per Capita Growth Rate			0.7% (1960-70)
Population Per Doctor			1,091 (1971)[3]
Population Per Hospital Bed			248 (1970)[3]

** Local Estimate

1. UN Demographic Yearbook.
2. World Bank Atlas.
3. UN Statistical Yearbook.

GENERAL BACKGROUND

Mauritius, a small island in the Indian Ocean, became an independent member of the Commonwealth in March 1968. The island has a density of more than 35 people per square kilometre. 43.9% of the population live in urban areas which are growing at 6% (1965-70). The capital, Port Louis,has a population of 137,650.

Mauritius is responsible for the administration of Rodrigues, an island of 40 sq. miles and a population of 22,400 (1968).

Ethnic

70% of Indian continent origin, 27% general population, 3% Chinese.

Language

English is the official language although French is the language primarily spoken in business. Creole, Hindi, Chinese and a number of Indian dialects are also spoken.

Religion

Hindus 52.6%; Roman Catholic 25%; Muslems 16.5%.

Economy

Mauritius is now an associate member of the EEC which has indicated that favourable prices will be paid for Mauritian sugar. This would be most helpful since sugar and its by-products account for over 95% of an Mauritian export earnings. (60% of the sugar crop is at present covered by the price paid under the Commonwealth Sugar Agreement). However, not only does the EEC have no definite policy on development, but also it is divided as to the approach it should adopt to any such policy. Britain suggests a world approach, while France insists on regional solutions. Consequently, Mauritius's position is as yet uncertain.

Tea is the other major export and efforts are being made to expand the industry, which employs three times as many people per acre as the sugar industry. At present, almost all tea is exported to South Africa. Close relations with South Africa are maintained not only at a national, but also at an individual level - the latter through family and business links.

Another area of development is the Export Processing Zone; however, industrialists favour female employees as the differential between male and female wage rates is so wide. Consequently, the level of male unemployment - one of the country's most serious problems - remains high.

Only 27.5% (187,401) of the population is economically active, and of those, 160,315 are salaried employees as opposed to self-employed (24,480) or family workers (2,355). The average daily wage in non-agricultural occupations was 5.94 rupees in 1970, while in agricultural occupations it was 5.88 rupees. (The exchange rate is 13.33 rupees to the pound sterling).

In the 10 years from 1961-71, the unemployment rate rose from 2.25 thousands to 30.03 thousands. The Government estimates that 130,000 new jobs will need to be found during the period 1971-80.

Communication/Education

The mass media are among the best developed in Africa.

Radio sets/1000 people	:	156 (1970)
Television sets/1000 people	:	18.6 (1970)
Newspaper copies/1000 people	:	109 (1967)
Cinema seats/1000 people	:	50 (1970)

Literacy is high: 90% in rural areas, 95% in urban areas. The University of Mauritius has 131 students. Much of the secondary school education is provided by Roman Catholic Schools. 95% of children 5-11 years old attend school.

Medical/Social Welfare

There is a well developed health service. Maternal and Child Health services reach 65% of the population, and 60% of all deliveries are in hospitals or supervised through the District Midwifery Service.

Illegal abortions are considered a serious problem. In 1968, 2,418 cases were treated in hospitals.

FAMILY PLANNING SITUATION

The Government family planning programme has set a target of 20/1000 births by 1975 as opposed to the present 25.3/1000.

The integration of the Family Planning Association's 6 clinics and 34 centres which those of the Government, and the take-over of most of the FPA staff by the Government, was due to take place early in 1971. The exercise was only completed at the end of 1972 however. The FPA will now concentrate on information and education activities and on providing clinic services out of normal working hours. The private Catholic organisation, Action Familiale, will continue to teach the rhythm method through person to person contact, and it will be, as before, funded by the Government. It may also receive financial assistance from FPIA for sex education.

Attitudes

Attitudes towards family planning have, in the past, been unfavourable to a degree. However, the climate of opinion has changed considerably and the Government now promotes family planning enthusiastically. Nevertheless there are reports of some underground opposition to certain methods of contraception and attempts are made to discredit the "pill". Not only has the Government moderated its attitude, but so too have the people. The MFPA report annual increases in the number of new acceptors. A look at the fall in the Gross Reproduction Rate indicates that there is no significant difference in the rates which could be attributed to religious factors. Yet, in the past the opposition to family planning claimed that certain religious groups would be indignant at the suggestion that they practise family planning.

	Hindu	Muslim	General Population	Chinese
1961-63	3.371	3.123	2.344	2.742
1970	2.025	1.758	1.595	1.184

From 'A Comparison of Fertility Control and Emigration as Population Policies for Mauritius' by C. Xenos.

The changes in attitudes affecting family planning have been attributed to the effects of economic progress.

Legislation

Abortion is illegal. Legally pharmacies can sell only oral contraceptives on a doctor's prescription, but in practice this is not observed.

FAMILY PLANNING ASSOCIATION

History

The FPA was formed in 1957. It opened a clinic and began to receive support from IPPF in 1963. Action Familiale, a Roman Catholic group teaching the rhythm method, was founded in 1963. Both groups began to receive direct financial assistance from the Government in 1965, after the Roman Catholic Church had announced that it was not opposed to either government or overseas agencies giving money to local agencies to promote family planning by methods not approved by the Church.

In 1969, a World Bank mission prepared a five year plan for a National Family Planning Programme to begin in 1971. The UN Fund for Population Activities announced its decision to aid the Government in the setting up and implementation of this programme.

1972 saw the integration of family planning with maternal and child health services.

Address

Mauritius Family Planning Association,
Corner Desforges and Jummah Mosque Street,
PORT LOUIS.

Personnel

President: Mr. D. Thacoor
Secretary/Manager Mr. B. Ramenah

The MFPA is affiliated to the Mauritius Council of Social Service, the Freedom from Hunger Campaign and the Ministry of Health and Family Planning Board.

Services

In 1972, 26,965 people were following a family planning method. This represents an increase of 16.34% on the 1971 figures. It is estimated that each year 12000 females reach marriageable age and that 4,000 fall out of the reproductive age group. In 1972, the MFPA's new acceptors totalled 6,186; 55.8% of these were introduced to family planning by the MFPA's 105 motivators. Incentives, in the form of prizes are given to any client who introduces a new acceptor. The birth rate in Mauritius has been declining from 40.4/1000 in 1958, to 39.9 in 1963, to 25.3 in 1971 largely due to the spread of family planning.

IPPF SITUATION REPORT MAURITIUS AUGUST 1973

The following chart shows the increase in the number of clients between 1964 and 1970.

	1964	1966	1969	December 1970
FPA Clients	1073	6411	18292	20654
Of Which:				
Orals	537	4598	12517	14501
IUD		478	3694	2652
Condoms	342	1335	1270	1549
Other	194			1952
Action Familiale Rhythm method	1303	3616	6197	5054

By the end of 1971 35% of women in the 15-49 age group who where living in some form of consensual union were practising family planning.[1]

Figures for the months January - June 1973 are as follows:

Month	O.C.	P.E.L.	I.U.D.	D.P.	Others	Attendance
Jan.	1636	344	243	110	62	2141
Feb.	1869	378	239	116	42	2382
March	1952	475	238	117	36	2559
April	1974	493	236	118	38	2652
May	2053	558	236	121	61	2779
June	2003	487	234	121	40	2677

Since the integration of family planning services, the FPA has been left 2 clinics: one at Bell village and one at DesforgesSt.The Bell village clinic caters for the industrial area of Plaine Lauzun, the Desforges clinic for the Free Zone in the centre and north of Port Louis. The staff consist of one medical director, 2 qualified nurses and 2 clinical assistants. Clients number 500 at Bell Village and 2,000 at Desforges St.

The Association's clinical programme supplements the Government schedule by providing services outside normal hours.

Action Familiale teaching only the rhythm method has a number of centres (44 in 1969) where couples can come for advice. The mainly volunteer staff make house to house visits, as often as once a week for new clients.

Evaluation

An expert, originally funded by the Nuffield Foundation, and subsequently by British Technical Assistance, was working for the Ministry of Health evaluating on-going family planning programmes, but he left in 1972 and no reports have yet been issued.

1. From 'Population Growth and Family Planning in Mauritius' - a Government Paper

Information/Education

Since the integration of family planning with MCH services, the FPA's role has involved mainly information and education. Efforts have been made to organise a programme of regional seminars in conjunction with MAY, Freedom from Hunger Campaign Committee and the young Farmers' Federation. Seminars have already started at club level with the aim of inducing greater participation of youth in family planning activities. These seminars include talks and group discussions. It is proposed that evaluation of this programme be done by the leaders of Youth Clubs, who have attended the seminars, once they have received the requisite training for the job. Women's meetings and house visits are to be continued. Welfare Officers, male field officers and family planning doctors give talks and conferences and take part in seminars organised by Trade Unions and other Labour Movements.

The Association enlists the help of retired and respected members of the Community in various ways: chairing seminars for example. Gynaecologists participate regularly in the TV programme and the seminars conducted by the Association.

A programme of Sega Shows, being produced with the help of artists from a local troupe continues. So too do the puppet shows: dramas in Bhojpuri and Creole depicting the ill-effects of a large family are the most frequent productions.

It is customary for people to meet the day before a marriage is held; on these occasions family planning songs are played and films on family planning are shown.

Posters, essay and other competitions are organised; these now include family planning as one of the subjects.

The FPA, in association with the maternal and child health and Family Planning Unit, has started its programme of film-shows. It is hoped that the films will be shown all over the country, but particularly in the more remote regions, or in areas where the Government programme has not been successful.

Other plans include the improvement of motivational work in localities not yet provided with electricity and the introduction of discussions with workers in the industrial areas of Plaine Lauzun and the Free Zone. The decision by the Ministry of Health to permit the FPA to carry out motivational work in these areas is distinctly favourable since employers tend to employ female workers in their factories. It is proposed that the two clinics will cater not only for the workers in the factories, but also the women from the Muslim occupied area of Plaine Verte who have no other clinic which they can attend at present. Also it is proposed that the 12 women motivators of the Association should be trained to carry out family planning counselling among young couples and arrange for the distribution of conventional contraceptives.

The Association also distributes educational literature and posters and provides patient literature for use at its clinics.

Field work is carried out by 1 male field officer, 2 social workers, 10 welfare officers.

Action Familiale

As well as their education programme in schools, A.F. has used television, radio, lectures and pamphlets.

Sex Education

The FPA has been co-operating with the Ministry of Education in the preparation of primary school texts that include problems of population in other subjects such as geography and arithmetic. A programme of sex physiology and reproductive biology is being introduced in secondary schools, youth clubs etc. A special premarital counselling scheme includes sex education and contraception.

Action Familiale has integrated an educational programme of responsible parenthood, love and fidelity into all secondary school education.

The World Assembly of Youth working with youth groups has a series of pamphlets and a programme emphasising the problems of population pressure, economic development and family planning.

Training

The FPA has trained, in short courses, all its social workers, fieldworkers and nurses.

A refresher course for youth leaders is being organised so that follow-ups and evaluation of seminars at a regional level will be possible. In-service training for all grades of staff is planned and there is to be particular emphasis on counselling in connection with the distribution of conventional contraceptives.

Plans

Pilot projects include plans to train selected welfare workers to offer advice to young persons in Port Louis on human reproduction and family planning generally. Such welfare workers could be established in small boutiques from which they would issue conventional contraceptives. These welfare workers would also give general contraceptive advice.

Action Familiale will continue its present programme.

GOVERNMENT

Minister of Health and Population Control: Sir Harold Walter
Director of the Family Planning and Child Health Division: Dr. B. Bhageerutty

A new Maternal Child Health and Family Planning Division has been set up in the Ministry of Health. The UNFPA is contributing $600,000 1971-73 to help finance staff, contraceptive and clinic supplies and MCH centres. It is envisaged that UNFPA assistance will continue over 5 years with the Government assuming increasing financial responsibility. During the first two years, the Government's contribution will be $500,000. Provision has been made for training personnel during the first 6 months and for continuous evaluation.

Social Policy

Family allowances for a three or more-child family have been decreased.

Population Activities

A population census was held in June 1972. The census was carried out by the Central Statistical office of the Ministry of Economic Planning and Development. The Central Statistical Office will also be responsible for

Foreign Assistance

UNFPA provides assistance as mentioned earlier.

World Food Programme began a 3 year project in 1971 to provide milk and flour to 50,000 undernourished children and 20,000 pregnant and nursing mothers per year. The supplies will be distributed by the Ministry of Health through the 8 MCH centres, 33 municipal health centres, 7 district hospitals and 3 principal hospitals.

BIBLIOGRAPHY

MFPA half yearly report (1973)

MFPA 1974 budget

'The Politics of Family Planning' by James Greig